

*** START *** B3393D1B-R21 - B3393D1B[JOB#48571] ARCHIVED 04/27/89 17:38:29

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS BARBARA GRIFFITH
DISBURSEMENT DATE : 02/29/2000

PLAN 139 FTG80198-19980010
REMITTANCE NUMBER 2000-007
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
PYMT CONTRACT EXPLANATION
CODE YEAR

11	48	DRUG CLAIM ALLOC	01312000
44	48	OFFSETTING	ENTRY
14	49	DEMAND MGT	01312000
44	49	OFFSETTING	ENTRY
38	40	RPP BENEFIT	01312000
44	40	OFFSETTING	ENTRY
39	40	RPP ALLOC	01312000
44	40	OFFSETTING	ENTRY
A1	38	GROSS PREM WRITTEN ADJ	
44	38	OFFSETTING	ENTRY
A3	38	PRBG INTEREST INC ADJ	
44	38	OFFSETTING	ENTRY

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

ITEMS PAID HIGH STANDARD	TOTAL	HIGH	AMOUNT PAID		DATE PROCESSED
			STANDARD	TOTAL	
			1,856,551.00		02/29/2000
			1,856,551.00CR		02/29/2000
			18,492.40		02/29/2000
			18,492.40CR		02/29/2000
			2,019,258.48		02/29/2000
			2,019,258.48CR		02/29/2000
			54,790.89		02/29/2000
			54,790.89CR		02/29/2000
			251,924.00		02/29/2000
			251,924.00CR		02/29/2000
			43,595.09		02/29/2000
			43,595.09CR		02/29/2000

MAY-03-2000 19:07

BCBS

202 942 1105 P.03

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLETCHING
 DISBURSEMENT DATE : 02/29/2000

PAYMENT SUMMARY INFORMATION		ITEMS PAID		AMOUNT PAID		TOTAL		DATE PROCESSED	
CODE	YEAR	HIGH	STANDARD	TOTAL	HIGH	STANDARD	TOTAL	02/29/2000	02/29/2000
10	4.0	CONTRACT ACT ENR 01312008							
11	4.0	OFFSETTING ENTRV							
12	4.0	DRUG CHAIN ALLOC 01312008							
13	4.1	CFP SETTLEMENT ENTITY							
14	4.0	DEMAND MOT 41312008							
15	4.0	DISFACTURING ENTRV							
16	4.0	RPP BENEFIT 01312008							
17	4.0	OFFSETTING ENTRV							
18	4.0	RPP ALLOC 01312008							
19	4.0	OFFSETTING ENTRV							
20	4.1	ARCS PREM WRITTEN ADJ							
21	4.0	OFFSETTING ENTRV							
22	4.0	PREM INTEREST INC ADJ							
23	4.0	OFFSETTING ENTRV							

DISBURSEMENT TOTAL:

SUMMARY OF BACHES
 AMOUNT PAID APPLIED TO REFUNDS
 NUMBER OF BACHES CHARGE LINES
 CHARGES COVERED CHARGES
 NET COVERED CHARGES

0.00
0
\$ 0.00
0.00
0.00

Z = 3,237,346.97

FRACTIONAL PAYABLE
 REMITTANCE NUMBER 2000-082
 PAGE NUMBER 01

ITEM	DATE
1,584,288.87	02/29/2000
1,584,289.07	02/29/2000
1,584,289.07	02/29/2000
18,126.73	02/29/2000
18,126.73	02/29/2000
1,731,866.30	02/29/2000
1,731,866.30	02/29/2000
49,902.69	02/29/2000
49,902.69	02/29/2000
318,717.20	02/29/2000
318,717.20	02/29/2000
85,961.95	02/29/2000
85,961.95	02/29/2000

Query Name: GLC7501 [REIGN_JRNL_BUTTON]

Page: 1

Run Date: 07/26/2000

Is Unit: AICI
 Ledger: ACTUAL

Journal ID: FEP31 Journal Date: 07/31/2000
 Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes)

Line	Product	Account	AB	Affl	Dept	Proj	Subdv	Rsk	Cov	LOB	USA	Project	Acctg Per:	7	Journal Status:	N	Reversal:	None	Reversal Date:
													Pdorp	State Cd/	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000		4,767,111.05	0.00	0.00	0.00	Benefits Dir-SA-Pharmacy	
	NFEP	50300015						40	130	21	95	OH000		0.00	-4,767,111.05	0.00	0.00	Prem Direct-SA-Pd Clm	
	NFEP	70300040						40	130	21	95	IN000		3,423,084.87	0.00	0.00	0.00	Benefits Dir-SA-Pharmacy	
	NFEP	50300015						40	130	21	95	IN000		0.00	-3,423,084.87	0.00	0.00	Prem Direct-SA-Pd Clm	
	NFEP	70300040						40	130	21	95	KY000		2,813,343.89	0.00	0.00	0.00	Benefits Dir-SA-Pharmacy	
	NFEP	50300015						40	130	21	95	KY000		0.00	-2,813,343.89	0.00	0.00	Prem Direct-SA-Pd Clm	
												Totals		11,003,539.81	-11,003,539.81	0.00			

Act

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 07/21/2000

PLAN 332 FT400198-19980010
 REMITTANCE NUMBER 2000-007
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT	CONTRACT	EXPLANATION	ITEMS PAID	AMOUNT PAID	DATE
CODE	YEAR		HIGH STANDARD	TOTAL	PROCESSED
A1	40	GROSS PREM WRITTEN 2NDQTR	HIGH	20,061,485.52	07/21/2000
44	40	OFFSETTING ENTRY	STANDARD	20,061,485.52CR	07/21/2000
A3	40	PRGM INTEREST INC 2NDQTR		135,077.11	07/21/2000
44	40	OFFSETTING ENTRY		135,077.11CR	07/21/2000
11	40	DRUG CLAIM ALLOC 06302000		2,272,910.60	07/21/2000
44	40	OFFSETTING ENTRY		2,272,910.60CR	07/21/2000
38	40	RPP BENEFIT 06302000		2,494,200.45	07/21/2000
44	40	OFFSETTING ENTRY		2,494,200.45CR	07/21/2000
39	40	RPP ALLOC 06302000		47,061.24	07/21/2000
44	40	OFFSETTING ENTRY		47,061.24CR	07/21/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

HDR 1*****FT48RPTS**B*****

2,272,910.60 +
 2,494,200.45 +
 4,767,111.05 -

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 07/21/2005

PLAN 130 FT460198-19980010
 REMITTANCE NUMBER 2000-101
 PAGE NUMBER 01 130010
 130011 130012
 130013

PAYMENT SUMMARY INFORMATION

PMT CONTRACT EXPLANATION
 CODE YEAR ITEMS PAID
 A1 40 GROSS PREM WRITTEN 2NDQTR
 45 40 OFFSETTING ENTRY
 A3 40 PRGM INTEREST INC 2NDQTR
 47 40 OFFSETTING ENTRY
 11 40 DRUG CLAIM ALLOC 06302000
 46 40 OFFSETTING ENTRY
 14 40 DEMAND MGT 06302000
 46 40 OFFSETTING ENTRY
 38 40 RPP BENEFIT 06302000
 46 40 OFFSETTING ENTRY
 39 40 RPP ALLOC 06302000
 46 40 OFFSETTING ENTRY

HIGH STANDARD TOTAL

	AMOUNT PAID	DATE
	STANDARD	
14,115,781.18	TOTAL	130010
14,115,781.18CR	PROCESSED	130010
95,943.76		07/21/2000130010
95,943.76CR		07/21/2000130010
1,611,187.69		07/21/2000130010
1,611,187.69CR		07/21/2000130010
25,682.21		07/21/2000130010
25,682.21CR		07/21/2000130010
1,811,897.18		07/21/2000130010
1,811,897.18CR		07/21/2000130010
56,054.27		07/21/2000130010
54,039.27CR		07/21/2000130010

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
 NUMBER OF GROSS CHARGE LINES
 GROSS COVERED CHARGES
 NET COVERED CHARGES

\$0.00
 0
 \$0.00
 \$0.00

130010
 130010
 130010
 130010

1,611,187.69 +
 1,811,897.18 +
 54,039.27 -

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 07/21/2005

PLAN 630 FT460198-19980010 630151
 REMITTANCE NUMBER 2000-151 630151
 PAGE NUMBER 01 630151

PAYMENT SUMMARY INFORMATION

PMT CONTRACT EXPLANATION
 CODE YEAR ITEMS PAID
 A1 40 GROSS PREM WRITTEN 2NDQTR
 45 40 OFFSETTING ENTRY
 A3 40 PRGM INTEREST INC 2NDQTR
 46 40 OFFSETTING ENTRY
 14 40 CONTRACT AGT EXP 06302000
 46 40 OFFSETTING ENTRY

HIGH STANDARD TOTAL

	AMOUNT PAID	DATE
	STANDARD	
35,711,715.64	TOTAL	630151
35,711,715.64CR	PROCESSED	630151
240,452.56		07/21/2000630151
240,452.56CR		07/21/2000630151
198,481.30		07/21/2000630151
198,481.30CR		07/21/2000630151

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
 NUMBER OF GROSS CHARGE LINES
 GROSS COVERED CHARGES
 NET COVERED CHARGES

\$0.00
 0
 \$0.00
 \$0.00

630151
 630151
 630151
 630151

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 07/21/2000

PLAN 630 FT400198-19980010
 REMITTANCE NUMBER 2000-150
 PAGE NUMBER 43

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE YEAR

D1 39 CLAIMS SUBMITTED
 D2 39 CLMS SUB NOT APP
 D1 40 CLAIMS SUBMITTED
 D2 40 CLMS SUBNOT APP

	ITEMS PAID	HIGH	STANDARD	TOTAL	HIGH	STANDARD	TOTAL	DATE
D1 39 CLAIMS SUBMITTED	1,588	190	1,778	184.87	5,185.62CR	2,968.75CR	8,154.37	07/19/2000
D2 39 CLMS SUB NOT APP	1,583CR	71CR	1,654CR	733.48	3,405.21CR	2,671.73CR	6,076.94	07/19/2000
D1 40 CLAIMS SUBMITTED	149	4,013	4,162	32,286.57	334,480.18	368,798.75	661,277.00	07/19/2000
D2 40 CLMS SUBNOT APP	49CR	674CR	723CR	278.55	181.54	660.09	832.73	07/19/2000
DISBURSEMENT TOTAL	105	3,458	3,563	33,423.47	339,999.89	363,514.36	663,514.36	

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	10,619
GROSS COVERED CHARGES	2,546,874.26
NET COVERED CHARGES	1,227,281.45

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : ROBERT B FLEMING
 DISBURSEMENT DATE : 07/21/2000

PLAN 160 FT400198-19980010
 REMITTANCE NUMBER 2000-144
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE YEAR

A1 40 GROSS PREM WRITTEN 2NDQTR
 44 40 OFFSETTING ENTRY
 A3 40 PRGM INTEREST INC 2NDQTR
 44 40 OFFSETTING ENTRY
 10 40 CONTRACT ACT EXP 06302990
 44 40 OFFSETTING ENTRY
 11 40 DRUG CLAIM ALLOC 06302990
 44 40 OFFSETTING ENTRY
 14 40 DEMAND MGT 06302990
 44 40 OFFSETTING ENTRY
 38 40 RPP BENEFIT 06302990
 44 40 OFFSETTING ENTRY
 39 40 RPP ALLOC 06302990
 44 40 OFFSETTING ENTRY

	ITEMS PAID	HIGH	STANDARD	TOTAL	HIGH	AMOUNT PAID	STANDARD	TOTAL	DATE
A1 40 GROSS PREM WRITTEN 2NDQTR						22,993.752.41		22,993.752.41	07/21/2000
44 40 OFFSETTING ENTRY						22,993.752.41CR		22,993.752.41CR	07/21/2000
A3 40 PRGM INTEREST INC 2NDQTR						154,829.52		154,829.52	07/21/2000
44 40 OFFSETTING ENTRY						154,829.52CR		154,829.52CR	07/21/2000
10 40 CONTRACT ACT EXP 06302990						46,979.35		46,979.35	07/21/2000
44 40 OFFSETTING ENTRY						46,979.35CR		46,979.35CR	07/21/2000
11 40 DRUG CLAIM ALLOC 06302990						1,282,663.36		1,282,663.36	07/21/2000
44 40 OFFSETTING ENTRY						1,282,663.36CR		1,282,663.36CR	07/21/2000
14 40 DEMAND MGT 06302990						16,499.74		16,499.74	07/21/2000
44 40 OFFSETTING ENTRY						16,499.74CR		16,499.74CR	07/21/2000
38 40 RPP BENEFIT 06302990						1,550,860.53		1,550,860.53	07/21/2000
44 40 OFFSETTING ENTRY						1,550,860.53CR		1,550,860.53CR	07/21/2000
39 40 RPP ALLOC 06302990						50,745.73		50,745.73	07/21/2000
44 40 OFFSETTING ENTRY						50,745.73CR		50,745.73CR	07/21/2000
DISBURSEMENT TOTAL									

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

1,262,463.36 +

1,550,860.53 +

2,813,343.89 *

Query Name: GLC750REIGN_JRNL_BUTTON_

Page: 1

Run Date 08/30/2000

: Unit: AICI
:iger: ACTUAL

Journal ID: FEP31 Journal Date: 08/31/2000
Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes) Source: NME Acctg Per: 8 Journal Status: N Reversal: None Reversal Date:

BusDiv/		PrdGrp/						State Cd/								
Product	Account	AB	Affil	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
NFEP	70300040						40	130	21	95	OH000	4,690,054.94	0.00	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015						40	130	21	95	OH000	0.00	-4,690,054.94	0.00		Prem Direct-SA-Pd Clm
NFEP	70300040						40	130	21	95	IN000	3,326,918.00	0.00	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015						40	130	21	95	IN000	0.00	-3,326,918.00	0.00		Prem Direct-SA-Pd Clm
NFEP	70300040						40	130	21	95	KY000	2,797,009.20	0.00	0.00		Benefits Dir-SA-Pharmacy
NFEP	50300015						40	130	21	95	KY000	0.00	-2,797,009.20	0.00		Prem Direct-SA-Pd Clm
												Totals	10,813,982.14	-10,813,982.14	0.00	

ABH

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 08/21/2000

PLAN 332 FT400198-19980010
 REMITTANCE NUMBER 2000-008
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT	EXPLANATION	ITEMS PAID	AMOUNT PAID	DATE			
CODE	YEAR	HIGH STANDARD	TOTAL	HIGH	STANDARD	TOTAL	PROCESSED
11 40	DRUG CLAIM ALLOC 07312000					2,175,207.74	08/21/2000
44 40	OFFSETTING ENTRY					2,175,207.74CR	08/21/2000
38 40	RPP BENEFIT 07312000					2,514,847.20	08/21/2000
44 40	OFFSETTING ENTRY					2,514,847.20CR	08/21/2000
39 40	RPP ALLOC 07312000					81,108.61	08/21/2000
44 40	OFFSETTING ENTRY					81,108.61CR	08/21/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

HDR1*****FT48RPTS**B*****

 2,175,207.74 *
 2,514,847.20 *
 81,108.61 *
 4,690,054.94 *

BT

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS BARBARA GRIFFITH
DISBURSEMENT DATE : 08/21/2000

PAYMENT SUMMARY INFORMATION		ITEMS PAID		AMOUNT PAID			
PYMT	CONTRACT	EXPLANATION	HIGH	STANDARD	TOTAL	HIGH	STANDARD
11	40	DRUG CLAIM ALLOC 07312000					
44	40	OFFSETTING ENTRY					
14	40	DEMAND PBT 07312000					
44	40	OFFSETTING ENTRY					
38	40	RPP BENEFIT 07312000					
44	40	OFFSETTING ENTRY					
39	40	RPP ALLOC 07312000					
44	40	OFFSETTING ENTRY					
DISBURSEMENT TOTAL							
SUMMARY OF BATCHES							
AMOUNT PAID APPLIED TO REFUNDS 0.00 [30011]							
NUMBER OF GROSS CHARGE LINES 0 [30011]							
GROSS COVERED CHARGES 0.00 [30011]							
NET COVERED CHARGES 0.00 [30011]							

1>458>0000+07->

1>828>017+03->

IN 5>326>012+00->

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS BARBARA GRIFFITH
DISBURSEMENT DATE : 08/21/2000

PAYMENT SUMMARY INFORMATION		ITEMS PAID		AMOUNT PAID			
PYMT	CONTRACT	EXPLANATION	HIGH	STANDARD	TOTAL	HIGH	STANDARD
10	40	CONTRACT AGT EXP 07312000					
44	40	OFFSETTING ENTRY					
DISBURSEMENT TOTAL							
SUMMARY OF BATCHES							
AMOUNT PAID APPLIED TO REFUNDS 0.00 [630173]							
NUMBER OF GROSS CHARGE LINES 0 [630173]							
GROSS COVERED CHARGES 0.00 [630172]							
NET COVERED CHARGES 0.00 [630172]							

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
ATTENTION : ROBERT B FLEMING
DISBURSEMENT DATE : 08/21/2000

PLAN 167 FT400196-19980010
REMITTANCE NUMBER 2988-166
PAGE NUMBER 19

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	ITEMS PAID	HIGH	STANDARD	AMOUNT PAID	TOTAL	DATE	PROCESSED	
SI	39	CLAIMS SUBMITTED	919	76	995	19,455.52	3,110.36	22,565.98	08/14/2000
S2	39	CLMS SUB NOT APP	916CR	39CR	955CR	19,393.26CR	181.50	19,511.76CR	08/14/2000
01	40	CLAIMS SUBMITTED	62	2,339	2,112	7,955.86	119,947.26	127,903.12	08/14/2000
S2	40	CLMS SUB NOT APP	24CR	348CR	392CR		344.82	346.82	08/14/2000
01	39	CLAIMS SUBMITTED	51	3	54	2,864.45	20.64	2,885.09	08/17/2000
S2	39	CLMS SUB NOT APP	50CR	1CR	51CR	2,882.38CR	118.00CR	2,980.38CR	08/17/2000
01	40	CLAIMS SUBMITTED	1	54	55	150.30	1,269.11	1,399.41	08/17/2000
S2	40	CLMS SUB NOT APP	9CR	9CR					08/17/2000

DISBURSEMENT TOTAL

63 1,746 1,809 8,158.59 124,755.69 132,906.26

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	8.00
NUMBER OF GROSS CHARGE LINES	7,276
GROSS COVERED CHARGES	824,327.47
NET COVERED CHARGES	496,481.72

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
ATTENTION : ROBERT B FLEMING
DISBURSEMENT DATE : 08/21/2000

PLAN 168 FT400196-19980010
REMITTANCE NUMBER 2988-165
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	ITEMS PAID	HIGH	STANDARD	AMOUNT PAID	TOTAL	DATE	PROCESSED
10	40	CONTRACT AGT EXP 07312000				47,553.91	08/21/2000	
44	40	OFFSETTING ENTRY				47,553.91CR	08/21/2000	
11	40	DRUG CLAIM ALLOC 07312000				1,238,654.11	08/21/2000	
44	40	OFFSETTING ENTRY				1,238,654.11CR	08/21/2000	
14	40	DEMAND MGT 07312000				26,120.37	08/21/2000	
44	40	OFFSETTING ENTRY				26,120.37CR	08/21/2000	
38	40	RPP BENEFIT 07312000				1,566,155.09	08/21/2000	
44	40	OFFSETTING ENTRY				1,566,155.09CR	08/21/2000	
39	40	RPP ALLOC 07312000				53,457.38	08/21/2000	
44	40	OFFSETTING ENTRY				53,457.38CR	08/21/2000	

DISBURSEMENT TOTAL

0.00
0
0.00
0.00

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

1,230,355.11 08/21/2000

1,566,155.09 08/21/2000

53,457.38 08/21/2000

53,457.38CR 08/21/2000

K

Query Name: GLC7501REIGN_JRNL_BUTTON_ *APRIL*

Page: 1

Run Date: 09/28/2000

us Unit: AICF
 Ledger: ACTUAL

Journal ID: FEP31 Journal Date: 09/30/2000
 Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes)

Source: NME Acctg Per: 9 Journal Status: N Reversal: None Reversal Date:

BusDiv/		ProdGrp/		State Cd#		Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description						
Line	Product	Account	AB	Afil	Dept	Proj	Subdv	Rsk	Cov	LOB	HSA	Project				
	NFEP	70300040						40	130	21	95	OH000	7,403,505.09	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-7,403,505.09	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	IN000	5,340,326.06	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-5,340,326.06	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	KY000	4,308,864.95	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-4,308,864.95	0.00	Prem Direct-SA-Pd Clm
											Totals	17,052,696.10	-17,052,696.10	0.00		

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : KAY KRAKE CW2 272
 DISBURSEMENT DATE : 09/22/2000

PLAN 332 FT400198-19980010
 REMITTANCE NUMBER 2000-010
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT	CONTRACT	EXPLANATION	
CODE	YEAR		
11	40	DRUG CLAIM ALLOC	08312000
44	40	OFFSETTING	ENTRY
38	40	RPP BENEFIT EXP	08312000
44	40	OFFSETTING	ENTRY
39	40	RPP ALLOC FEES	08312000
44	40	OFFSETTING	ENTRY

ITEMS PAID
 HIGH STANDARD

TOTAL

HIGH

AMOUNT PAID
 STANDARD

TOTAL

DATE
 PROCESSED

(1)	3,598,190.16	09/22/2000
	3,598,190.16CR	09/22/2000
(1)	3,805,314.93	09/22/2000
	3,805,314.93CR	09/22/2000
	48,894.81	09/22/2000
	48,894.81CR	09/22/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS

0.00

\$0's = 7,403,505.09

NUMBER OF GROSS CHARGE LINES

0

GROSS COVERED CHARGES

0.00

NET COVERED CHARGES

0.00

HDR1*****FT40RPTS##B*****

 33333333333 33333333333 33333333333 000000000 33333333333 DDDDDDDDD 11 88888888888
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 33 33 33 33 33 00 00 33 33 33 DD DD 1111 88 88
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*** START *** B3303D1B-261 - B3303D1B(JDB05386) ARCHIVED 09/21/00 17:31:57

JJJJJJJJJJJJ 000000000000 88888888888 00000000 555555555555 33333333333 88888888888 66666666666
 JJJJJJJJJJJJ 000000000000 88888888888 0000000000 555555555555 33333333333 88888888888 66666666666
 JJ 00 00 88 88 10 01 55 33 33 88 88 88 88
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 JJJJJJJJJJJJ 000000000000 88888888888 0000000000 555555555555 33333333333 88888888888 66666666666
 JJJJJJJJJJJJ 000000000000 88888888888 0000000000 555555555555 33333333333 88888888888 66666666666

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
 ATTENTION : MS BARBARA GRIFFITH
 DISBURSEMENT DATE : 09/22/2000

PLAN 130 FT498198-19980010
 REMITTANCE NUMBER 2800-012
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
 PNTX CONTRACT EXPLANATION
 CODE YEAR HIGH STANDARD TOTAL HIGH AMOUNT PAID
 11 40 DRUG CLAIM ALLOC 08312000 ① 2,562,518.92 09/22/2000
 44 40 OFFSETTING ENTRY 2,562,518.92CR 09/22/2000
 14 40 DEMAND NOT EXP 34,095.32 09/22/2000
 44 40 OFFSETTING ENTRY 34,095.32CR 09/22/2000
 38 40 RPP BENEFIT EXP 08312000 ② 2,777,899.14 09/22/2000
 44 40 OFFSETTING ENTRY 2,777,899.14CR 09/22/2000
 39 40 RPP ALLOC FEES 08312000 55,302.92 09/22/2000
 44 40 OFFSETTING ENTRY 55,302.92CR 09/22/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES
 AMOUNT PAID APPLIED TO REFUNDS 9.00
 NUMBER OF GROSS CHARGE LINES 3
 GROSS COVERED CHARGES 6.00
 NET COVERED CHARGES 0.00

Σ ①'s = 5,340,326.04

PAYMENT SUMMARY INFORMATION

REMITTANCE NUMBER
PAGE NUMBER

PAYMENT SUMMARY INFORMATION
PVMT CONTRACT EXPLANATION
CODE YEAR
13 40 CONTRACT AGT EXP 08312000
44 40 OFFSETTING ENTRY

DISBURSEMENT TOTAL

SUMMARY OF BATCHES
AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

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PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
ATTENTION : ROBERT S FLEMING
DISBURSEMENT DATE : 09/22/2000

PLAN 160

FT488198-19980310
REMITTANCE NUMBER 2888-151
PAGE NUMBER 31

PAYMENT SUMMARY INFORMATION

PYMT	CONTRACT	EXPLANATION
CODE	YEAR	
19	43	CONTRACT ACT EXP 88312981
44	43	OFFSETTING ENTRY
11	43	DRUG CLAIM ALLOC 88312980
44	43	OFFSETTING ENTRY
14	43	DEMAND MGT EXP
44	43	OFFSETTING ENTRY
58	40	PPP BENEFIT EXP 88312991
44	40	OFFSETTING ENTRY
39	40	PPP ALLOC FEES 88312980
44	40	OFFSETTING ENTRY

ITEMS PAID
HIGH STANDARD TOTAL

AMOUNT PAID STANDARD	TOTAL	DATE PROCESSED
	39,915.47	09/22/2001
	39,915.47CR	09/22/2001
(1)	1,952,667.84	09/22/2001
	1,952,667.84CR	09/22/2001
	26,473.67	09/22/2001
	26,473.67CR	09/22/2001
(1)	2,354,197.89	09/22/2001
	2,354,197.99CR	09/22/2001
	32,482.21	09/22/2001
	32,482.21CR	09/22/2001

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

SUMMARY OF BATCHES
AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

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$$\Sigma ①'s = 4,308,864.95$$

Query Name: GLC7501 FOREIGN_JRNL_BUTTON

Page: 1

Run Date: 11/01/2000

us Unit: AICL
 Ledger: ACTUAL

Journal ID: FEP31 Journal Date: 10/31/2000
 Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes)

Line	AB	Account	Affil	Dept	Div	Reg	Fund	Prd	Srv	St Cd/	NME	Acctg Per:	10	Journal Status:	N	Reversal:	None	Reversal Date:
	70300040			NFEP		40	21	130	95	OH000			4,910,125.77		0.00		0.00	Benefits Dir-SA-Pharmacy
	50300015			NFEP		40	21	130	95	OH000			0.00	-4,910,125.77		0.00		Prem Direct-SA-Pd Clm
	70300040			NFEP		40	21	130	95	IN000			3,622,011.66		0.00		0.00	Benefits Dir-SA-Pharmacy
	50300015			NFEP		40	21	130	95	IN000			0.00	-3,622,011.66		0.00		Prem Direct-SA-Pd Clm
	70300040			NFEP		40	21	130	95	KY000			2,948,376.11		0.00		0.00	Benefits Dir-SA-Pharmacy
	50300015			NFEP		40	21	130	95	KY000			0.00	-2,948,376.11		0.00		Prem Direct-SA-Pd Clm
										Totals			11,480,513.54	-11,480,513.54				

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
ATTENTION : MISSY STURDY
DISBURSEMENT DATE : 10/21/2000

PLAN 332 FT400198-19980010
REMITTANCE NUMBER 2000-012
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PATIENT SUMMARY INFORMATION		PYMT CONTRACT EXPLANATION	
CODE	YEAR		
A1	40	GROSS PREM WRITTEN	3RDQTR
44	40	OFFSETTING ENTRY	
A3	40	PRGM INTEREST INC	3RDQTR
44	40	OFFSETTING ENTRY	
11	40	DRUG CLAIM ALLOC	09302000
44	40	OFFSETTING ENTRY	
38	40	RPP BENEFIT	09302000
44	40	OFFSETTING ENTRY	
39	40	RPP ALLOC	09302000
44	40	OFFSETTING ENTRY	

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

NET COVERED CHARGES
HDR1*****FT48RPTS**B*****

*** START *** B3305D1B-R01 - B3305D1B(L4OB01478) ARCHIVED 10/28/99 17:28:58

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS MISSY STURDY
DISBURSEMENT DATE : 1/22/2000

PLAN 130 FT40819B-19980010
REMITTANCE NUMBER 2000-813
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PAYMENT SUMMARY INFORMATION		PYMT CONTRACT EXPLANATION	
CODE	YEAR		
A1	40	GROSS PREM WRITTEN	
44	40	OFFSETTING ENTR	
A3	40	PRGM INTEREST INC	
44	40	OFFSETTING ENTR	
11	40	DRUG CLAIM ALLOC C	
44	40	OFFSETTING ENTR	
14	40	DEMAND MGT	D
44	40	OFFSETTING ENTR	
38	40	RPP BENEFIT	D
44	40	OFFSETTING ENTR	
39	40	RPP ALLOC	D
44	40	OFFSETTING ENTR	

DISBURSEMENT TOTAL

SUMMARY OF BATTCHES

AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

ITEMS PAID HIGH STANDARD	TOTAL	HIGH	AMOUNT PAID STANDARD	DATE PROCESSED
			TOTAL	10/23/2000
			12,063.132.54	10/23/2000
			12,063.132.54CR	10/23/2000
			116,125.13	10/23/2000
			116,125.13CR	10/23/2000
			1,622,310.74	10/23/2000
			1,622,310.74CR	10/23/2000
			21,062.33	10/23/2000
			21,062.33CR	10/23/2000
			1,999,700.92	10/23/2000
			1,999,700.92CR	10/23/2000
			36,165.19	10/23/2000
			36,165.19CR	10/23/2000

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PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS MISSY STURDY
DISBURSEMENT DATE : 10/23/2000

PLAN 630 FT480198-19980010
REMITTANCE NUMBER 2900-220
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
PYMT CONTRACT EXPLANATION
CODE YEAR ITEMS PAID
41 40 GROSS PREM WRITTEN 3RDQTR
44 40 OFFSETTING ENTRY
43 40 PRGM INTEREST INC 3RDQTR
44 40 OFFSETTING ENTRY
10 40 CONTRACT AGT EXP 09302000
44 40 OFFSETTING ENTRY

HIGH STANDARD TOTAL

AMOUNT PAID
STANDARD DATE
TOTAL PROCESSED
31,580,391.53 10/23/2000
31,580,391.53CR 10/23/2000
303,583.64 10/23/2000
303,583.63CR 10/23/2000
123,342.83 10/23/2000
123,342.83CR 10/23/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES
AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

0.00

0.00
0.00

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
ATTENTION : MISSY STURDY
DISBURSEMENT DATE : 10/23/2000

PLAN 162 FT480198-19980010
REMITTANCE NUMBER 2900-210
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION
PYMT CONTRACT EXPLANATION
CODE YEAR ITEMS PAID
41 40 GROSS PREM WRITTEN 3RDQTR
44 40 OFFSETTING ENTRY
43 40 PRGM INTEREST INC 3RDQTR
44 40 OFFSETTING ENTRY
10 40 CONTRACT AGT EXP 09302000
44 40 OFFSETTING ENTRY
11 40 DRUG CLAIM ALLOC 09302000
44 40 OFFSETTING ENTRY
14 40 DEMAND MCJ 09302000
44 40 OFFSETTING ENTRY
38 40 RPP BENEFIT 09302000
44 40 OFFSETTING ENTRY
39 40 RPP ALLOC 09302000
44 40 OFFSETTING ENTRY

HIGH STANDARD TOTAL

AMOUNT PAID
STANDARD DATE
TOTAL PROCESSED
20,330,900.32 10/23/2000
20,330,900.32CR 10/23/2000
195,390.43 10/23/2000
195,390.43CR 10/23/2000
55,657.29 10/23/2000
55,657.29CR 10/23/2000
1,260,964.51 10/23/2000
1,260,964.51CR 10/23/2000
15,151.31 10/23/2000
15,151.31CR 10/23/2000
1,687,411.89 10/23/2000
1,687,411.89CR 10/23/2000
32,878.19 10/23/2000
32,878.19CR 10/23/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES
AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

0.00

0.00
0.00

1201-311-2431-0
1200-2431-2431-0
22908-576-311-0

Query Name: GLC75 FOREIGN_JRNL_BUTTON_

Bus Unit: AICL
 Ledger: ACTUAL

Page: 1

Run Date: 11/29/2000

Journal ID: FEP31 Journal Date: 11/30/2000
 Description: To Record Mail Order Drug and Retail Pharmacy (codes 118&38) Source: NME Acctg Per: 11 Journal Status: N Reversal: None Reversal Date:

Line	AB	Account	Affil	Dept	Div	Reg	Fund	Prd	Srv	St Cd/		Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
	70300040		NFEP			40	21	130	95	OH000		5,004,489.53	0.00	0.00		Benefits Dir-SA-Pharmacy
	50300015		NFEP			40	21	130	95	OH000		0.00	-5,004,489.53	0.00		Prem Direct-SA-Pd Clm
	70300040		NFEP			40	21	130	95	IN000		3,699,347.77	0.00	0.00		Benefits Dir-SA-Pharmacy
	50300015		NFEP			40	21	130	95	IN000		0.00	-3,699,347.77	0.00		Prem Direct-SA-Pd Clm
	70300040		NFEP			40	21	130	95	KY000		2,963,553.06	0.00	0.00		Benefits Dir-SA-Pharmacy
	50300015		NFEP			40	21	130	95	KY000		0.00	-2,963,553.06	0.00		Prem Direct-SA-Pd Clm
									Totals		11,667,390.36	-11,667,390.36	0.00			

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
 ATTENTION : MISSY STURDY
 DISBURSEMENT DATE : 11/21/2000

PLAN 332 FT400198-19980010
 REMITTANCE NUMBER 2000-013
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION	ITEMS PAID		
CODE YEAR	HIGH	STANDARD	TOTAL
11 40 DRUG CLAIM ALLOC 10312000			
44 40 OFFSETTING ENTRY			
38 40 RPP BENEFIT EXP 10312000			
44 40 OFFSETTING ENTRY			
39 40 RPP ALLOC FEES 10312000			
44 40 OFFSETTING ENTRY			

	AMOUNT PAID			DATE
	STANDARD		TOTAL	PROCESSED
		2,371,893.75		11/21/2000
		2,371,893.75CR		11/21/2000
		2,632,595.78		11/21/2000
		2,632,595.78CR		11/21/2000
		84,771.68		11/21/2000
		84,771.68CR		11/21/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

HDR1*****FT48RPTS**B*****

2,371,893.75
 2,632,595.78
 84,771.68

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS MISSY STURDY
DISBURSEMENT DATE : 11/21/2000

PLAN 130 FT400198-19980016
REMITTANCE NUMBER 2886-915
PAGE NUMBER 31

PAYMENT SUMMARY INFORMATION
PYMT CONTRACT EXPLANATION
CODE YEAR
11 40 DRUG CLAIM ALLOC 10312000
44 40 OFFSETTING ENTRY
14 40 DEMAND MGT EXP
44 40 OFFSETTING ENTRY
38 40 RPP BENEFIT EXP 10312000
44 40 OFFSETTING ENTRY
39 40 RPP ALLOC FEES 10312000
44 40 OFFSETTING ENTRY

ITEMS PAID
HIGH STANDARD

TOTAL

HIGH

AMOUNT PAID
STANDARD

DATE 130015
PROCESSED 130015
1,724,983.61
1,724,983.61CR
28,194.16
28,194.16CR
1,974,364.16
1,974,364.16CR
62,548.86
62,548.86CR

TOTAL

11/21/2000130015
11/21/2000130015
11/21/2000130015
11/21/2000130015
11/21/2000130015
11/21/2000130015
11/21/2000130015

DISBURSEMENT TOTAL

SUMMARY OF BATCHES
AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

0.00
0
0.00
0.00

130015
130015
130015
130015
130015

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS MISSY STURDY
DISBURSEMENT DATE : 11/21/2000

PLAN 630 FT400198-19980016
REMITTANCE NUMBER 2886-243
PAGE NUMBER 31

PAYMENT SUMMARY INFORMATION
PYMT CONTRACT EXPLANATION
CODE YEAR
10 40 CONTRACT AGT EXP 10312000
44 40 OFFSETTING ENTRY

ITEMS PAID
HIGH STANDARD

TOTAL

HIGH

AMOUNT PAID
STANDARD

DATE 630243
PROCESSED 630243
170,621.25
170,621.25CR

TOTAL

11/21/2000630243
11/21/2000630243

DISBURSEMENT TOTAL

SUMMARY OF BATCHES
AMOUNT PAID APPLIED TO REFUNDS
NUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

0.00
0
0.00
0.00

630243
630243
630243
630243
630243

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
ATTENTION : MISSY STURDY
DISBURSEMENT DATE : 11/22/2000

PLAN 668 FT400198-19980010
REMITTANCE NUMBER 2880-233
PAGE NUMBER 26

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE YEAR

		ITEMS PAID	HIGH	STANDARD	TOTAL	HIGH	STANDARD	TOTAL	DATE
01	54	CLAIMS SUBMITTED	1,719	70	1,789	10,155.41	1,227.13	11,382.54	11/15/2000
02	39	CLMS SUB NOT APP	1,717CR	22CR	1,739CR	9,492.25CR	682.76	9,444.95CR	11/15/2000
01	40	CLAIMS SUBMITTED	135	3,900	4,035	3,917.95	143,674.67	167,792.62	11/15/2000
02	40	CLMS SUB NOT APP	24CR	57&CR	40DCR		175.25	175.25	11/15/2000
01	39	CLAIMS SUBMITTED	26	1&CR	10		596.91CR	596.91CR	11/20/2000
02	39	CLMS SUB NOT APP	26CR		26CR		22.50	22.50	11/20/2000
01	40	CLAIMS SUBMITTED	1	55	56	496.17	1,363.73	1,760.17	11/20/2000
02	40	CLMS SUB NOT APP		SCR	SCR				11/20/2000
DISBURSEMENT TOTAL			114	3,606	3,722	4,527.28	164,547.27	171,074.55	

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS

NUMBER OF GROSS CHARGE LINES

GROSS COVERED CHARGES

NET COVERED CHARGES

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
ATTENTION : MISSY STURDY
DISBURSEMENT DATE : 11/21/2000

PLAN 160 FT400198-19980010
REMITTANCE NUMBER 2880-232
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE YEAR

		ITEMS PAID	HIGH	STANDARD	TOTAL	HIGH	AMOUNT PAID	DATE
10	40	CONTRACT AGT EXP 10312000					74,283.89	11/21/2000
44	40	OFFSETTING ENTRY					74,283.89CR	11/21/2000
11	40	DRUG CLAIM ALLOC 10312000					1,319,432.66	11/21/2000
44	40	OFFSETTING ENTRY					1,319,432.66CR	11/21/2000
14	40	DEMAND NOT EXP					14,547.86	11/21/2000
44	40	OFFSETTING ENTRY					14,547.86CR	11/21/2000
38	40	RPP BENEFIT EXP 10312000					1,644,120.38	11/21/2000
44	40	OFFSETTING ENTRY					1,644,120.38CR	11/21/2000
35	40	RPP ALLOC FEES 10312000					56,578.12	11/21/2000
44	40	OFFSETTING ENTRY					56,578.12CR	11/21/2000
DISBURSEMENT TOTAL								

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS

NUMBER OF GROSS CHARGE LINES

GROSS COVERED CHARGES

NET COVERED CHARGES

Query Name GLC7501 REIGN_JRNL_BUTTON

is Unit: AICI
 dger: ACTUAL

Page: 1
 Run Date: 01/02/2001

Journal ID: FEP31 Journal Date: 12/31/2000
 Description: To Record Mail Order Drug and Retail Pharmacy (Paycodes) Source: NME Acctg Per: 12 Journal Status: N Reversal: None Reversal Date:

Acct	Account		Affil	Dept	Bus	Reg	Fund	Prd	Srv	St Cd/	Source: NME	Acctg Per: 12	Journal Status: N	Reversal: None	Reversal Date:	
Acct	Account	Affil	Dept	Div	Div	Arg	Crp	Cov	Area	Juris	Project	Debit Amount	Credit Amount	Stat Amount	Reference#	Line Description
70300040				NFEP		40	21	130	95	OH000		5,128,047.72	0.00	0.00		Benefits Dir-SA-Pharmacy
50300015				NFEP		40	21	130	95	OH000		0.00	-5,128,047.72	0.00		Prem Direct-SA-Pd Clm
70300040				NFEP		40	21	130	95	IN000		3,681,543.26	0.00	0.00		Benefits Dir-SA-Pharmacy
50300015				NFEP		40	21	130	95	IN000		0.00	-3,681,543.26	0.00		Prem Direct-SA-Pd Clm
70300040				NFEP		40	21	130	95	KY000		3,021,135.75	0.00	0.00		Benefits Dir-SA-Pharmacy
50300015				NFEP		40	21	130	95	KY000		0.00	-3,021,135.75	0.00		Prem Direct-SA-Pd Clm
Totals												11,830,726.73	-11,830,726.73	0.00		

PLAN NAME : COMMUNITY MUTUAL INSURANCE COMPANY
ATTENTION : MISSY STURDY
DISBURSEMENT DATE : 12/29/2000

PLAN 332 FT400198-19980010
REMITTANCE NUMBER 2000-014
PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION				
CODE	YEAR			
A1	40	GROSS PREM	WRITTEN	4THQTR
44	40	OFFSETTING	ENTRY	
A3	40	PRGM INTEREST	INC	4THQTR
44	40	OFFSETTING	ENTRY	
11	40	DRUG CLAIM ALLOC		11302000
44	40	OFFSETTING	ENTRY	
38	40	RPP BENEFIT		11302000
44	40	OFFSETTING	ENTRY	
39	40	RPP ALLOC		11302000
44	40	OFFSETTING	ENTRY	

	ITEMS PAID		
HIGH	STANDARD	TOTAL	

HIGH	AMOUNT PAID STANDARD	TOTAL	DATE PROCESSED
	16,203.657.84	12/29/2000	
	16,203.657.84CR	12/29/2000	
	156,976.21	12/29/2000	
	156,976.21CR	12/29/2000	
	2,462,809.94	12/29/2000	
	2,462,809.94CR	12/29/2000	
	2,665,237.78	12/29/2000	
	2,665,237.78CR	12/29/2000	
	59,800.14	12/29/2000	
	59,800.14CR	12/29/2000	

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS	0.00
NUMBER OF GROSS CHARGE LINES	0
GROSS COVERED CHARGES	0.00
NET COVERED CHARGES	0.00

HDR 1*****FT48RPTS**B*****

• 普通物理实验教材系列 •

2 + 6 = 8 + 2 = 10 + 2 = 12

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS MISSY STURDY
DISBURSEMENT DATE : 01/02/2001

PAYMENT SUMMARY INFORMATION		ITEMS PAID		AMOUNT PAID		DATE					
PYMT	CONTRACT	HIGH	STANDARD	TOTAL	HIGH	STANDARD	PROCESSED				
CODE	YEAR										
25	38	REFUND OF UNCASHED CHECKS		2,445	5,477	8,124	408.65CR	4,872.64CR	5,281.49CR	12/29/2000	630001
01	49	CLAIMS SUBMITTED		2,224CR	762CR	3,006CR	17,251.95	443,647.92	460,678.97	12/28/2000	630001
02	49	CLMS SUB NOT APP					4,291.83	1,372.89	7,664.52	12/28/2000	630001
DISBURSEMENT TOTAL		221	4,897	5,118	23,154.46	439,947.05	463,882.00			630001	
SUMMARY OF BATCHES											
AMOUNT PAID APPLIED TO REFUNDS 0.00 630001											
NUMBER OF GROSS CHARGE LINES 15,358 630001											
GROSS COVERED CHARGES 6,259,636.03 630001											
NET COVERED CHARGES 1,371,076.67 630001											

PLAN NAME : ASSOCIATED INSURANCE COMPANIES INC
ATTENTION : MS MISSY STURDY
DISBURSEMENT DATE : 12/29/2000

PAYMENT SUMMARY INFORMATION		ITEMS PAID		AMOUNT PAID		DATE					
PYMT	CONTRACT	HIGH	STANDARD	TOTAL	HIGH	STANDARD	PROCESSED				
CODE	YEAR										
A1	40	GROSS POEM WRITTEN 4THQTR		11,457,656.80	11,457,656.80	11,457,656.80CR	12/29/2000	130016			
44	40	OFFSETTING ENTRY						130016			
A3	40	PRGA INTEREST INC 4THQTR		111,000.30	111,000.30	111,000.30CR	12/29/2000	130016			
44	40	OFFSETTING ENTRY						130016			
11	40	DRUG CLAIM ALLOC 11302000		1,697,159.34	1,697,159.34	1,697,159.34CR	12/29/2000	130016			
44	40	OFFSETTING ENTRY						130016			
14	40	DEMAND MGT 11302000		29,472.93	29,472.93	29,472.93CR	12/29/2000	130016			
44	40	OFFSETTING ENTRY						130016			
38	40	RPP BENEFIT 11302000		1,984,383.92	1,984,383.92	1,984,383.92CR	12/29/2000	130016			
44	40	OFFSETTING ENTRY						130016			
39	40	RPP ALLOC 11302000		63,919.06	63,919.06	63,919.06CR	12/29/2000	130016			
44	40	OFFSETTING ENTRY						130016			
DISBURSEMENT TOTAL								130016			
SUMMARY OF BATCHES											
AMOUNT PAID APPLIED TO REFUNDS 0.00 130016											
NUMBER OF GROSS CHARGE LINES 15,358 130016											
GROSS COVERED CHARGES 6,259,636.03 130016											
NET COVERED CHARGES 1,371,076.67 130016											

12/29/2000
12/29/2000
12/29/2000
12/29/2000

ATTENTION : MISSY STURDY
 DISBURSEMENT DATE : 12/29/2000

REMITTANCE NUMBER 2000-257
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	ITEMS PAID
A1	40	GROSS PREM WRITTEN 4THQTR
44	40	OFFSETTING ENTRY
A3	40	PRGM INTEREST INC 4THQTR
44	40	OFFSETTING ENTRY
12	40	CONTRACT AGT EXP 11302000
44	40	OFFSETTING ENTRY
21	40	DRUG CLAIM ALLOC 11302000
44	40	OFFSETTING ENTRY
14	40	DEMAND MGT 11302000
44	40	OFFSETTING ENTRY
38	40	RPP BENEFIT 11302000
44	40	OFFSETTING ENTRY
29	40	RPP ALLOC 11302000
44	40	OFFSETTING ENTRY

HIGH	STANDARD	TOTAL
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HIGH	AMOUNT PAID
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STANDARD	TOTAL	DATE
	19,679,461.84	12/29/2000
	19,679,461.84CR	12/29/2000
	166,711.22	12/29/2000
	166,711.22CR	12/29/2000
	36,089.75	12/29/2000
	36,089.75CR	12/29/2000
	1,334,994.35	12/29/2000
	1,334,994.35CR	12/29/2000
	21,271.48	12/29/2000
	21,271.48CR	12/29/2000
	1,688,149.60	12/29/2000
	1,688,149.60CR	12/29/2000
	48,868.41	12/29/2000
	48,868.41CR	12/29/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
0.00
NUMBER OF GROSS CHARGE LINES
0
GROSS COVERED CHARGES
0.00
NET COVERED CHARGES
0.00

0.00

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF KENTUCKY INC
 ATTENTION : MISSY STURDY
 DISBURSEMENT DATE : 12/29/2000

PLAN 660 FTG00196-19106810
 REMITTANCE NUMBER 2000-257
 PAGE NUMBER 01

PAYMENT SUMMARY INFORMATION

PYMT CONTRACT EXPLANATION

CODE	YEAR	ITEMS PAID
A1	40	GROSS PREM WRITTEN 4THQTR
44	40	OFFSETTING ENTRY
A3	40	PRGM INTEREST INC 4THQTR
44	40	OFFSETTING ENTRY
12	40	CONTRACT AGT EXP 11302000
44	40	OFFSETTING ENTRY

HIGH	STANDARD	TOTAL
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HIGH	AMOUNT PAID
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STANDARD	TOTAL	DATE
	6,105,769.25	12/29/2000
	6,105,769.25CR	12/29/2000
	78,526.28	12/29/2000
	78,526.28CR	12/29/2000
	27,589.56	12/29/2000
	27,589.56CR	12/29/2000

DISBURSEMENT TOTAL

SUMMARY OF BATCHES

AMOUNT PAID APPLIED TO REFUNDS
0.00
NUMBER OF GROSS CHARGE LINES
0
GROSS COVERED CHARGES
0.00
NET COVERED CHARGES
0.00

0.00
